



## FORM I

### WASTE DISPOSAL PERMIT REGISTRATION

1. 

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Waste Hauler Company Name
2. 

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Company Address
3. 

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Telephone Number
4. 

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Owner's Name Owner's Telephone Number
5. 

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Type of Waste
6. Vehicle:  
  

<hr/> Make	<hr/> License Number
<hr/> Model	<hr/> Capacity (gallons)
7. Copy of company's MDEQ application attached? 

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Copy of company's State of Michigan license attached? 

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Proof of Insurance attached? 

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8. Are any chemicals used in your cleaning process or in treatment of this waste?  
  

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 Yes, if yes continue with 8 a.

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 No

  
8a. List chemicals used and attach MSDS for products:  
  

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9. Is all waste coming from within the City of Midland limits?  
  

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 Yes

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 No, if no continue with 9a.

9a. If waste is from outside of City limits disposal must be pre-approved by the City Utilities Director. List counties and townships from which waste is originating.

County	Township	County	Township
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. I/We certify that any hauled waste discharged at the City of Midland WWTP by the company I/we am/are representing is from a residential source. I/We also understand that commercial and industrial septic waste and/or hauled waste is a prohibited discharge unless prior approval has been issued for each load. I/We also understand that I/we am/are liable for any process upset and/or damage caused by discharge of waste by this company to the City of Midland WWTP.
11. Waiver of Liability. I/We certify that as a waste hauler using the City of Midland disposal site that I/we do hereby assume all risk of personal injury, death, property damage or loss which may occur as a result of using the City of Midland disposal site and do hereby further agree to indemnify and hold harmless the City of Midland and all officers, employees, agents and servants thereof from any and all liability arising there from.
12. I/We acknowledge receipt of the document Septic Tank Cleaner/Waste Hauler Duties and Responsibilities. I/We have read, understand and shall fully comply with its terms and conditions.

Date: \_\_\_\_\_

\_\_\_\_\_  
Registrant's Signature  
Registrant's Name:  
Title:

Registration Type:

\_\_\_\_\_ New (Form I first time)  
\_\_\_\_\_ Renewal  
\_\_\_\_\_ Information Update

Original – City Clerk  
Copy (with attachments):  
Director of Utilities  
Wastewater Plant Superintendent